

Exhibit D

Entity Number <u>129483</u>		Applicant's Form Identifier <u>CLE TELE</u>	
Contact Person <u>Paul Karas</u>		Phone Number <u>216-831-2626</u>	

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page _____ of _____
 FRN _____ (to be assigned by administrator)

10	<input type="checkbox"/>	If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided: _____	
11	Category of Service (only ONE category should be checked) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access </div> <div style="width: 45%;"> PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </div> </div>		23 Calculations <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Recurring Charges <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> A. Monthly charges (total amount per month for service) <div style="text-align: right; font-size: 1.2em;">\$569.84</div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> B. How much of the amount in A is ineligible? <div style="text-align: right;">-0-</div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> C. Eligible monthly pre-discount amount (A minus B) <div style="text-align: right;">\$569.84</div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> D. Number of months service provided in funding year <u>12</u> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> E. Annual pre-discount amount for eligible recurring charges (C x D) <div style="text-align: right;">\$6,838.08</div> </div> </div> <div style="width: 45%;"> Non-Recurring Charges <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> F. Annual non-recurring charges \$-0- </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> G. How much of the amount in F is ineligible? <div style="text-align: right;">-0-</div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> H. Annual eligible pre-discount amount for non-recurring charges (F minus G) \$-0- </div> </div> </div> <div style="width: 45%;"> Total Charges <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> I. Total funding year pre-discount amount (E + H) <div style="text-align: right;">\$6,838.08</div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> J. Discount from Block 4 Worksheet <u>40%</u> </div> <div style="border: 1px solid black; padding: 5px;"> K. Funding Commitment Request (I x J) <div style="text-align: right;">\$2,735.23</div> </div> </div>
12	Form 470 Application Number <u>213190001225448</u>		
13	SPIN – Service Provider Identification Number <u>143001688</u>		
14	Service Provider Name <u>Ohio Bell</u>		
15a	<input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.		
15b	Contract Number MTM _____		
15c	<input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		
15d	<input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: _____		
16a	Billing Account Number (e.g., billed telephone number) _____		
16b	<input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		
17	Allowable Vendor Selection/Contract Date (mm/dd/yyyy) <u>03/19/2014</u>		
18	Contract Award Date (mm/dd/yyyy) _____		
19	Service Start Date (mm/dd/yyyy) <u>07/01/2014</u>		
20a	Service End Date (mm/dd/yyyy) <u>06/30/2015</u>		
20b	Contract Expiration Date (mm/dd/yyyy) _____		
21	Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.		
22	Entity/Entities Receiving This Service: a. If the service is ultra-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: <u>47994</u> b. If the service is shared by all entities on a Block 4		

Attachment
TR PRI

Do not write in this area

Entity Number 129483 Applicant's Form Identifier CLE TELE
 Contact Person Paul Karas Phone Number 216-831-2626

Block 5 (Continued):**24 Description of Broadband and other Connectivity Services Ordered for Schools and Libraries from this funding request**

Complete the information below for this funding request only if requesting **Telecommunications Services** or **Internet Access** for the purpose of providing broadband and other types of connectivity to school and/or library facilities.

[X] Check this box if this request is for services or equipment that do not providing broadband or connectivity and skip to Item 25. For instance, check the box if this funding request is for internal connections, basic maintenance, or requests for services like e-mail or phone service.

- a Which technology(ies) and speed(s) are being provided in this Funding Request? Please list the number of lines and average download speed for the lines included in this funding request. If there are multiple download speeds for the lines within one type of broadband connection, this form provides two additional lines per broadband connection category. If you need additional space, please make copies of this page and number the completed pages to assure that they are all processed correctly. A response to this item is not a substitute for a complete response to Item 21 but should be consistent with the description of services in the response to Item 21. Please ask your service provider if you need assistance.

For example, if an applicant was requesting three DSL connections, two averaging 2 Mbps download speed and a third averaging 3 Mbps download speed, the entries would look like this:

Type of connection	Number of lines included in this FRN	Download speed per line in Mbps
DSL	2	2 Mbps
DSL	1	3 Mbps

Type of connection	Number of lines included in this FRN	Download speed per line in Mbps
Dial-up		.056 Mbps
T1/DS-1		1.5 Mbps
T3/DS-3		45 Mbps
Fiber optic/OC-x		
Fiber optic/OC-x		
Fiber optic/OC-x		
Cable		
Cable		
Cable		
DSL		
DSL		
DSL		
Satellite		
Satellite		
Cellular Wireless		
Cellular Wireless		
Non-Cellular Wireless (e.g. microwave)		
Non-Cellular Wireless (e.g. microwave)		

- b If the Internet service is available to students or patrons in more than just a single location or office, please indicate:

1. If the access is provided by wired connections, approximately what percentage of the school classroom or public library spaces included in the Block 4 worksheet for this FRN will have access to wired drops? _____% N/A
2. If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library spaces included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? _____% N/A

- c For consortia and statewide applications, do the connections in this FRN include the last mile connection to the school or library? ☐ Yes ☐ No
 If no above, are these connections only for backbone connections? ☐ Yes ☐ No

Item 21 Attachment for TR PRI

12 Months Telephone service using 1 PRI at 1.544 Mbps with 20 DIDs -- This service is billed and paid on a monthly basis. No ineligible charges are included in this FRN.

Pre-discount amount: 12 Monthly charges of \$569.84 = Total Annual Pre-Discount Request of \$6,838.08.